

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the below named inventors are the original, first and sole inventors of the subject matter which is claimed and for which a patent is sought on the invention **DIRECT ELECTRICAL CONNECTABILITY OF PORT OF SPLITTER UNIT TO CONNECTOR OF INTERFACE CIRCUIT OF SWITCH** the specification of which *is attached herewith*.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to in this oath or declaration.

I acknowledge the duty to disclose all information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

None

I hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

None

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Variable	Mean	SD	Min	Max
Age	35.2	12.5	18	65
Gender	Male	Female		
Marital Status	Married	Single		
Education	High School	College		
Occupation	Manager	Worker		
Income	\$30,000	\$45,000	\$15,000	\$75,000
Health Status	Good	Fair	Poor	
Exercise Frequency	Weekly	Monthly	Never	
Dietary Habits	Healthy	Unhealthy		
Stress Level	Low	Medium	High	
Sleep Quality	Good	Fair	Poor	
Alcohol Consumption	Occasional	Frequent		
Tobacco Use	Non-smoker	Smoker		
Family Size	2	3	1	5
Home Ownership	Owner	Renter		
Commute Time	30 min	45 min	15 min	60 min
Neighborhood Safety	Safe	Unsafe		
Access to Healthcare	Yes	No		
Health Insurance	Private	Public		
Chronic Conditions	None	1	2	3
Medication Use	None	Low	High	
Healthcare Satisfaction	Satisfied	Dissatisfied		
Healthcare Access	Easy	Difficult		
Healthcare Cost	Low	High		
Healthcare Quality	Good	Fair	Poor	
Healthcare Availability	Yes	No		
Healthcare Affordability	Yes	No		
Healthcare Effectiveness	Yes	No		
Healthcare Accessibility	Yes	No		
Healthcare Reliability	Yes	No		
Healthcare Responsiveness	Yes	No		
Healthcare Transparency	Yes	No		
Healthcare Accountability	Yes	No		
Healthcare Integrity	Yes	No		
Healthcare Honesty	Yes	No		
Healthcare Fairness	Yes	No		
Healthcare Respect	Yes	No		
Healthcare Compassion	Yes	No		
Healthcare Empathy	Yes	No		
Healthcare Kindness	Yes	No		
Healthcare Gentleness	Yes	No		
Healthcare Warmth	Yes	No		
Healthcare Caring	Yes	No		
Healthcare Concern	Yes	No		
Healthcare Interest	Yes	No		
Healthcare Attention	Yes	No		
Healthcare Care	Yes	No		
Healthcare Service	Yes	No		
Healthcare Treatment	Yes	No		
Healthcare Management	Yes	No		
Healthcare Coordination	Yes	No		
Healthcare Continuity	Yes	No		
Healthcare Integration	Yes	No		
Healthcare Collaboration	Yes	No		
Healthcare Partnership	Yes	No		
Healthcare Alliance	Yes	No		
Healthcare Coalition	Yes	No		
Healthcare Consortium	Yes	No		
Healthcare Network	Yes	No		
Healthcare System	Yes	No		
Healthcare Organization	Yes	No		
Healthcare Institution	Yes	No		
Healthcare Facility	Yes	No		
Healthcare Center	Yes	No		
Healthcare Clinic	Yes	No		
Healthcare Hospital	Yes	No		
Healthcare Pharmacy	Yes	No		
Healthcare Laboratory	Yes	No		
Healthcare Imaging	Yes	No		
Healthcare Diagnostic	Yes	No		
Healthcare Therapeutic	Yes	No		
Healthcare Preventive	Yes	No		
Healthcare Promotive	Yes	No		
Healthcare Supportive	Yes	No		
Healthcare Enabling	Yes	No		
Healthcare Facilitating	Yes	No		
Healthcare Assisting	Yes	No		
Healthcare Helping	Yes	No		
Healthcare Aiding	Yes	No		
Healthcare Supporting	Yes	No		
Healthcare Backing	Yes	No		
Healthcare Upholding	Yes	No		
Healthcare Sustaining	Yes	No		
Healthcare Maintaining	Yes	No		
Healthcare Preserving	Yes	No		
Healthcare Protecting	Yes	No		
Healthcare Defending	Yes	No		
Healthcare Safeguarding	Yes	No		
Healthcare Shielding	Yes	No		
Healthcare Covering	Yes	No		
Healthcare Concealing	Yes	No		
Healthcare Hiding	Yes	No		
Healthcare Sheltering	Yes	No		
Healthcare Housing	Yes	No		
Healthcare Accommodating	Yes	No		
Healthcare Adapting	Yes	No		
Healthcare Adjusting	Yes	No		
Healthcare Modifying	Yes	No		
Healthcare Altering	Yes	No		
Healthcare Changing	Yes	No		
Healthcare Transform				

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I hereby appoint the attorney(s) on ATTACHMENT A as associate attorney(s) in the aforementioned application, with full power solely to prosecute said application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected with the prosecution of said application. No other powers are granted to such associate attorney(s) and such associate attorney(s) are specifically denied any power of substitution or revocation.

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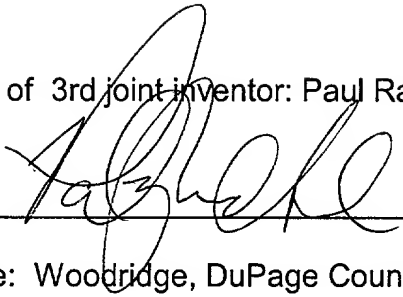
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Patented 02/24/04

ATTACHMENT A

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